

7129
PATENT
450100-03200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Hideyuki Agata, et al.
Serial No. : 09/844,563
Filing Date : April 27, 2001
For : INFORMATION PROCESSING APPARATUS AND
METHOD AND PROGRAM AND PROGRAM
STORAGE MEDIUM
Examiner : Truc T. Chuong
Group Art Unit : 2179
Confirmation No. : 3012

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 7, 2005.

Thomas F. Presson, Reg. No. 41,442

(Name of Applicant, Assignee or Registered Representative)


Signature

June 7, 2005

Date of Signature)

AMENDMENT UNDER 37 C.F.R. § 1.121

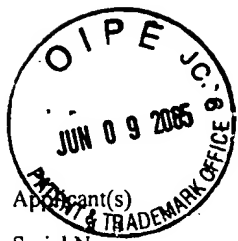
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on March 10, 2005, having a three-month statutory period for response set to expire on June 10, 2005, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 9 of this paper.



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	18	Minus	** =22	* 0 x	\$50 (25)	= \$ 0
Independent claims	3	Minus	*** =4	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$___ is attached, which covers the cost of ☐ additional claims ___ petition for extension of time.
- ☐ Charge \$___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on June 7, 2005.

Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative

Thomas F. Presson
Signature

June 7, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Thomas F. Presson
Thomas F. Presson
Reg. No. 41,442
Tel: 212-588-0800